| | IN THE UNITED STATES PATENT AND TRADEMARK OFFICE | | | |
|-----|---|--|-------------|-------------|
| 135 | In re Patent Application of OIPE Atty Dkt. 1331-143 C# M# | # | () | 00) (1) |
| | Reid W. von Borstel, et a MAY 0 5 2004 C/A.U. 1623 | • | • | Š |
| | Serial No. 08/463,740 | ~ | (| ١/ د |
| | Filed: June 5, 1995 Date: May 6, 2004 | č | <u>,\</u> | <u> </u> |
| | Title: PYRIMIDINE NUCLEOTIDE PRECURSORS FOR TREATMENT OF SYSTEM INFLAMMATION AND INFLAMMATORY HEPATITIS | STEMIC E | | |
| | Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | ENFERENCE AND THE PROPERTY OF | 17 🖺 0 | |
| | Sir: RESPONSE/AMENDMENT/LE | ITTER | ا ت ن | |
| | This is a response/amendment/letter in the above-identified application an incorporated by reference and the signature below serves as the signature signature thereon. | | | |
| | . ⊠ Correspondence Address Indication Form Attached. | | | |
| | Fees are attached as calculated below: Total effective claims after amendment 0 minus highest number previously paid for 20 (at least 20) = 0 x \$ 18.00 | | \$ | 0.00 |
| | Independent claims after amendment previously paid for 3 (at least 3) = 0 minus highest number 0 x \$86.00 | | \$ | 0.00 |
| | If proper multiple dependent claims now added for first time, add \$290.00 | (ignore improper) | \$ | 0.00 |
| | Petition is hereby made to extend the current due date so as to cover the paper and attachment(s) (\$110.00/1 month; \$420.00/2 months; \$950.00/3 m | | \$ | 0.00 |
| | Terminal disclaimer enclosed, add \$ 110.00 | | \$ | 0.00 |
| | First/second submission after Final Rejection pursuant to 37 CFR 1.12 Please enter the previously unentered , filed Submission attached | 29(a) (\$770.00) | \$ | 0.00 |
| | | Subtotal | \$ | 0.00 |
| | If "small entity," then enter half (1/2) of subtotal and subtract Applicant claims "small entity" status. Statement filed he | erewith | -\$ | 0.00 |
| | Rule 56 Information Disclosure Statement Filing Fee (\$180.00) | | \$ | 180.00 |
| | Assignment Recording Fee (\$40.00) | • | \$ | 0.00 |
| | Other: | | | 0.00 |
| | | TOTAL FEE ENCLOSED | \$ | 180.00 |
| | The Commissioner is hereby authorized to charge any <u>deficiency</u> , or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A <u>duplicate</u> copy of this sheet is attached. | | | |
| | Telephone: (703) 816-4000 Facsimile: (703) 816-4100 | HYE P.C. Mitchard, Reg. No. 29,009 | | |
| | LCM:Ifm Signature: | Marine Contraction of the Contra | | |